

## TRAFFIC ACCIDENT

04-018166

Page 1

DO NOT DISCLOSE!: 

401-H-0

District: K-2

Reported:	DOW 1/18/2004	Time: Sun 20:12	Incident Type: <b>ACCIDENT, INJURY</b>				Initial FCR --	Court	Juvenile <input type="checkbox"/>	
Occ Between:	DOW 1/18/2004	Time: Sun 20:12	And: 1/18/2004	DOW Sun	Time: 20:12	LocationName:				
Incident Location: <b>AMBAUM BLVD SW / SW 122 ST</b>					City:				State: WA Zip	

**VICTIMS, WITNESSES AND OTHER PERSONS SECTION**

Association: <b>DRIVER</b>			Last, First Middle <b>BAKER, ROBERT L</b>						Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/684-2700	
Address <b>201 S JACKSON</b>			City <b>SEATTLE</b>						ST <b>WA</b>	Zip <b>98104</b>		
Sex <b>M</b>	Race	DOB <b>(b)</b>	Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos			Clothing						Gang			Set
Occupation			Employer			OLN <b>(b)</b>			ST <b>WA</b>	SSN	AFIS#:	
Association: <b>DRIVER</b>			Last, First Middle <b>LANUZATORRES, ARNULFO</b>						Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/923-1035	
Address <b>4200 30 AV SW #1</b>			City <b>SEATTLE</b>						ST <b>WA</b>	Zip <b>98126</b>		
Sex <b>M</b>	Race	DOB <b>(b)</b>	Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos			Clothing						Gang			Set
Occupation			Employer			OLN <b>(b)</b>			ST <b>WA</b>	SSN	AFIS#:	
Additional Alias': Last Name <b>LANUZA-TORRES</b>			First Name <b>ARNULFO</b>			MI *	Moniker					

**REVIEW**

DateSubmitted: <b>1/30/2004</b>	Reporting Officer: <b>09357 Riehs, Ronald R</b>	Disposition: <b>INCIDENT REPORT - CITATION ISSUED/CHARGED BY INVE</b>	
Date/Time Reviewed: <b>1/23/2004 00:00</b>	Reviewed By: <b>05595 Provenzo, Tony J.</b>	CIDScreener: <b>05595 Provenzo, Tony J.</b>	Event Processing Status: <b>Filed</b>
Date Assigned	Investigator Assigned		Date Status Last Changed: <b>1/30/2004 8:50:50 A</b>
<input type="checkbox"/> Aid Req <input type="checkbox"/> Weapons <input type="checkbox"/> Injury <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Dom Viol <input type="checkbox"/> Drug <input type="checkbox"/> Juvenile <input type="checkbox"/> Gang			

## TRAFFIC ACCIDENT

04-018166

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DO NOT DISCLOSE!: Domestic Violence 

401-H-0

District: K-2

Association: <b>R.O.</b>			Last, First Middle <b>KING COUNTY DOT TRANSIT DIVISION,</b>						Interpreter Needed <input type="checkbox"/>	Phone Numbers:		
Address <b>500 4 AV #653</b>			City <b>SEATTLE</b>				ST <b>WA</b>	Zip <b>98104</b>				
Sex	Race	DOB	Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos			Clothing						Gang			Set
Occupation			Employer			OLN			ST	SSN	AFIS#:	
Additional Alias': Last Name <b>FLEET ADMINISTRATION</b>			First Name <b>MOTOR POOL</b>			MI			Moniker			
KING COUNTY DEPT OF PUBL			KING COUNTY DEPT OF ROA			KING COUNTY DOT			KING COUNTY FLEET ADMIN			
KING COUNTY FLEET ADMIN			SHERIFF'S OFFICE			KING COUNTY FLEET ADMIN			SHERIFF'S OFFICE			
Association: <b>R.O.</b>			Last, First Middle <b>LANUZATORRES, IGNACIO</b>						Interpreter Needed <input type="checkbox"/>	Phone Numbers:		
Address <b>4200 30 AV SW #1</b>			City <b>SEATTLE</b>				ST <b>WA</b>	Zip <b>98126</b>				
Sex	Race	DOB	Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos			Clothing						Gang			Set
Occupation			Employer			OLN			ST	SSN	AFIS#:	
Additional Alias': Last Name <b>LANUZA-TORRES</b>			First Name <b>IGNACIO</b>			MI *			Moniker			
Association: <b>PASSENGER</b>			Last, First Middle <b>ALLEN, LATISHA A</b>						Interpreter Needed <input type="checkbox"/>	Phone Numbers:		
Address <b>3131 S 192 #D305</b>			City <b>SEATAC</b>				ST <b>WA</b>	Zip <b>98188</b>	Home 206/674-0134			
Sex	Race	DOB	Height	Weight	Hair	Glass'	Eyes	Facial Hair				
F	(b)											
Scars, Marks & Tatoos			Clothing						Gang			Set
Occupation			Employer			OLN			ST	SSN	AFIS#:	
Association: <b>PASSENGER</b>			Last, First Middle <b>BARNES, DONOVAN J</b>						Interpreter Needed <input type="checkbox"/>	Phone Numbers:		
Address <b>2101 E TERRACE ST</b>			City <b>SEATTLE</b>				ST <b>WA</b>	Zip <b>98122</b>	Home 206/568-5974			
Sex	Race	DOB	Height	Weight	Hair	Glass'	Eyes	Facial Hair				
M	(b)											
Scars, Marks & Tatoos			Clothing						Gang			Set
Occupation			Employer			OLN			ST	SSN	AFIS#:	

## TRAFFIC ACCIDENT

04-018166

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DO NOT DISCLOSE!: Domestic Violence 

401-H-0

District: K-2

Association: <b>PASSENGER</b>			Last, First Middle <b>CARLESON, RON</b>						Interpreter Needed <input type="checkbox"/>			Phone Numbers:	
Address <b>4509 INTERLAKE N</b>			City <b>SEATTLE</b>						ST <b>WA</b>	Zip			
Sex <b>M</b>	Race	DOB		Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos				Clothing						Gang			Set
Occupation			Employer			OLN			ST	SSN		AFIS#:	
Association: <b>PASSENGER</b>			Last, First Middle <b>DART, JOHN M</b>						Interpreter Needed <input type="checkbox"/>			Phone Numbers: Home 206/439-6772	
Address <b>1615 SW 110 #C</b>			City <b>SEATTLE</b>						ST <b>WA</b>	Zip <b>98146</b>			
Sex <b>M</b>	Race	DOB <b>(b)</b>		Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos				Clothing						Gang			Set
Occupation			Employer			OLN			ST	SSN		AFIS#:	
Association: <b>PASSENGER</b>			Last, First Middle <b>DELFINPENA, MOISES</b>						Interpreter Needed <input type="checkbox"/>			Phone Numbers: Home 206/380-3268	
Address <b>3000 E SPRUCE #4</b>			City <b>SEATTLE</b>						ST <b>WA</b>	Zip <b>98122</b>			
Sex <b>M</b>	Race	DOB <b>(b)</b>		Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos				Clothing						Gang			Set
Occupation			Employer			OLN			ST	SSN		AFIS#:	
Association: <b>PASSENGER</b>			Last, First Middle <b>MORALES, MARIA A</b>						Interpreter Needed <input type="checkbox"/>			Phone Numbers: Home 206/242-0189	
Address <b>3042 S 190</b>			City <b>SEATAC</b>						ST <b>WA</b>	Zip <b>98188</b>			
Sex <b>F</b>	Race	DOB <b>(b)</b>		Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos				Clothing						Gang			Set
Occupation			Employer			OLN			ST	SSN		AFIS#:	
Additional Alias': Last Name <b>MORALES</b>			First Name <b>ANGELICA</b>			MI			Moniker				

## TRAFFIC ACCIDENT

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DO NOT DISCLOSE!: Domestic Violence 

401-H-0

District: K-2

Association: <b>PASSENGER</b>			Last, First Middle <b>PANTOJASOTO, BALTAZAR</b>						Interpreter Needed <input type="checkbox"/>		Phone Numbers: Home 206/954-8584	
Address <b>2318 2 AV #239</b>			City <b>SEATTLE</b>						ST <b>WA</b>	Zip <b>98121</b>		
Sex <b>M</b>	Race	DOB <b>(b)</b>	Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos			Clothing						Gang		Set	
Occupation			Employer			OLN			ST	SSN	AFIS#:	
Association: <b>PASSENGER</b>			Last, First Middle <b>ROBINSON, WENDY L</b>						Interpreter Needed <input type="checkbox"/>		Phone Numbers:	
Address			City						ST	Zip		
Sex <b>F</b>	Race	DOB <b>(b)</b>	Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos			Clothing						Gang		Set	
Occupation			Employer			OLN			ST	SSN	AFIS#:	
Association: <b>PASSENGER</b>			Last, First Middle <b>STEWART, TANZANIA S</b>						Interpreter Needed <input type="checkbox"/>		Phone Numbers:	
Address			City						ST	Zip		
Sex <b>F</b>	Race	DOB <b>(b)</b>	Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos			Clothing						Gang		Set	
Occupation			Employer			OLN			ST	SSN	AFIS#:	
Association: <b>PASSENGER</b>			Last, First Middle <b>WARD, DANIEL P</b>						Interpreter Needed <input type="checkbox"/>		Phone Numbers:	
Address <b>9407 35 AV SW</b>			City <b>SEATTLE</b>						ST <b>WA</b>	Zip <b>98106</b>		
Sex <b>M</b>	Race	DOB <b>(b)</b>	Height	Weight	Hair	Glass'	Eyes	Facial Hair				
Scars, Marks & Tatoos <b>ACNE SCARS TO FACE</b>			Clothing						Gang		Set	
Occupation			Employer			OLN			ST	SSN	AFIS#:	
Additional Alias': Last Name <b>WARD</b>			First Name <b>BENJIMAN</b>			MI	Moniker <b>ANDREW</b>					

## TRAFFIC ACCIDENT

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DO NOT DISCLOSE!: 

401-H-0

District: K-2

Association:  
**PASSENGER**Last, First Middle  
**WASHINGTON, RICHARD RW**Interpreter  
Needed Phone Numbers:  
Home 206/723-2066

Address

**3308 WETMORE AV S**

City

**SEATTLE**

ST

**WA**

Zip

**98144**

Sex

**M**

Race

DOB

**(b)**

Height

Weight

Hair

Glass'

Eyes

Facial Hair

Scars, Marks &amp; Tatoos

Clothing

Gang

Set

Occupation

Employer

OLN

ST

SSN

AFIS#:

**VEHICLE SECTION****COLLISION Vehicle**

Vehicle Association

**COLLISION**

License

**A96771N**

State

**WA**

Year

**1992**

Make

**NISSAN**

Model

**PU**

Style

**TRUCK**

Color

Features

VIN

**(b)**

Registered Owner Name

**LANUZATORRES, IGNACIO**

Registered Owner Address

**4200 30 AV SW #1 SEATTLE, WA**

Legal Owner Name

,

Legal Owner Address

,

Vehicle Disposition (If towed, list towing company, address)

Hold

**No**

ReasonForHold

BURIEN TOWING

Stolen Vehicle <input type="checkbox"/>	DivorceInProgress <input type="checkbox"/>	PaymentsOverdue <input type="checkbox"/>	KeysInIgnition <input type="checkbox"/>	EstimatedValue	Radio Notified Clerk	Date	Time
		DBCComplaint <input type="checkbox"/>	DoorsUnlocked <input type="checkbox"/>				

Recovered Vehicle Condition (damage, items stripped, etc.)

Other Agency/Case Number

Owner Notified By

Date

Time

**COLLISION Vehicle**

Vehicle Association

**COLLISION**

License

**48872C**

State

**WA**

Year

**1998**

Make

**GILLI**

Model

**BUS**

Style

Color

Features

VIN

**(b)**

Registered Owner Name

**KING COUNTY DOT TRANSIT DIVISION,**

Registered Owner Address

**500 4 AV #653 SEATTLE, WA**

Legal Owner Name

,

Legal Owner Address

,

Vehicle Disposition (If towed, list towing company, address)

Hold

**No**

ReasonForHold

Stolen Vehicle DivorceInProgress PaymentsOverdue KeysInIgnition 

EstimatedValue

Radio Notified Clerk

Date

Time

DBCComplaint DoorsUnlocked 

Recovered Vehicle Condition (damage, items stripped, etc.)

Other Agency/Case Number

Owner Notified By

Date

Time

## TRAFFIC ACCIDENT

04-018166

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DO NOT DISCLOSE!: Domestic Violence 

401-H-0

District: K-2

**MO**

Suspect Trademarks:

Instrument:

Entry Point:

Entry Method:

Premises Type	Locked	Occupied	Total Property Cost:
<input type="checkbox"/> Aid Req <input type="checkbox"/> Weapons <input type="checkbox"/> Injury <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Dom Viol <input type="checkbox"/> Drug <input type="checkbox"/> Juvenile <input type="checkbox"/> Gang	<input type="checkbox"/>	<input type="checkbox"/>	

**Narrative:**

## Certification

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and Place: \_\_\_\_\_ Signature/Agency: \_\_\_\_\_

**END OF REPORT**

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. 1351471 ▲

12

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input checked="" type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>

04018166

401H0 K2

02

13

14

M M D D Y Y Y TIME (2400) COUNTY # MILES CITY #  
 01-18-2004 2012 17 03 N E  IN  0139

15

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
 AMBRAUM BLVD SW BLOCK NO.   
 MILE POST

16

DISTANCE MILES  N  E  OF (REFERENCE OR CROSS STREET)  
 50.00 FEET  S  W SW 122 ST

DAMAGE THRESHOLD  MET

PHONE

206-923-1035

17

LANUZA-TORRES

ARNULFO

18

4200 30 AVE SW #1

19

SEATTLE WA 98126

20

(b)

WA M

(b)

21

ON DUTY  1 9 1 1 NATURE OF INJURIES  NONE

22

(b)

WA 1

(b)

23

VEH. YEAR 1992 MAKE NISSAN MODEL PU STYLE TRUCK TOWED BY BURDEN JOW

REGISTERED OWNER INFO. LANUZA-TORRES, IGNACIO (SAME ADDRESS)

VEHICLE NO. 1

SHADE IN DAMAGED AREA



24

LIABILITY INSURANCE  IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES  NO  CITATION # CR0698984/1508080DBU CHARGE DUI / FAILURE TO CONTROL

DAMAGE THRESHOLD  MET

PHONE

206-684-2700

25

BAKER

26

ROBERT

27

201 S JACKSON

28

SEATTLE WA 98104

(b) WA M (b)

29

ON DUTY  1 9 1 1 NATURE OF INJURIES  NONE

(b) WA (b)

30

VEH. YEAR 1998 MAKE GILLI MODEL BUS STYLE TOWED BY

REGISTERED OWNER INFO. KC DOT 500 4 AVE #653, SEATTLE WA 98104

VEHICLE NO. 2

SHADE IN DAMAGED AREA



LIABILITY INSURANCE  IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE

OFFICER'S NAME (PRINT) RIEHS, RONALD BADGE OR ID # 09357 AGENCY RCSO

1351471

Exhibit 509 - DUI Report

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PART A 3000-345-159 R (12/97) PAGE 01 OF 05



04018166



DART JOHN M

ADDRESS & PHONE #

1615 5TH 10TH SEATTLE WA. 206/439-6772

m

(b)

✓

02 10 1 1 1 1 NATURE OF INJURIES  
None.

MORALRS MARIA A

ADDRESS & PHONE #

3042 S. 190 SEATAAC WA. 98188 206/242-0189

f

(b)

✓

02 10 1 1 1 1 NATURE OF INJURIES  
None.

ALLEN LATISHA A

ADDRESS & PHONE #

3131 S. 192 #D305 SEATAAC WA. 98188 206/674-0134

f

(b)

✓

02 10 1 ( 1 1 NATURE OF INJURIES  
None.

ADDRESS & PHONE #

✓

NATURE OF INJURIES

INDICATE NORTH  
BY ARROW



PASSENGER DART WAS SEATED PASSENGER SIDE FRONT OF BUS.  
PASSENGERS MORALRS AND ALLEN WERE SEATED DRIVERS SIDE  
FRONT OF BUS.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE  
1-23-04





04018166

WARD DANIEL P

ADDRESS & PHONE #

9407-35 AV. SW. SEATTLE, WA 98106

M

(b)

02 07 1 1 1 - 7

NATURE OF INJURIES  
NECK/BACK

CARLESON RON

ADDRESS & PHONE #

4509-INTERLAKEN N. SEATTLE WA.

M

NATURE OF INJURIES  
NECK/BACK

PANTOJASOTO BALTAZAR

ADDRESS & PHONE #

2318-2 AV #239 SEATTLE WA. 206/954-8584

M

(b)

02 10 1 1 1 - 1

NATURE OF INJURIES  
NONE

DELFINPENA MOISES

ADDRESS & PHONE #

3000-E SPRUCE #4 SEATTLE, WA. 206/380-3268

M

(b)

02 10 1 1 1 - 1

NATURE OF INJURIES  
NONE

INDICATE NORTH  
BY ARROW



PASSENGER - PANTOJASOTO - SEATED MIDDLE LEFT IN BUS.  
PASSENGER DELFINPENA - SEATED MIDDLE RIGHT IN BUS.  
WARD AND CARLESON TRANSPORTED FROM SCENE TO  
HOSPITAL FOR EVALUATION.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

1-23-01



04018166

ROBINSON WRNOY L

ADDRESS & PHONE #

UNKNOWN

F

(b)

02 10 1 1 1 1 NATURE OF INJURIES  
None

BARNES DONOVAN J

ADDRESS & PHONE #

2101-B TERRACE SEATTLE WA. 206/588-5974 M

(b)

02 10 1 1 1 1 NATURE OF INJURIES  
None.

STEWART TANZANIA S

ADDRESS & PHONE #

UNKNOWN

F

(b)

02 10 1 1 1 1 NATURE OF INJURIES  
None

WASHINGTON RICHARD RW

ADDRESS & PHONE #

3308 - WETMORE S. SEATTLE WA. 206/723-2066 M

(b)

02 10 1 1 1 1 NATURE OF INJURIES  
None

INDICATE NORTH  
BY ARROW



PASSENGERS ROBINSON AND STEWART ARE GRAND MOTHER AND GRAND DAUGHTER. THEY RECENTLY MOVED AND DO NOT KNOW ANY ADDRESS CURRENT OR FORMER. THEY HAVE NO PHONE. BOTH WERE SEATED IN REAR OF BUS.

PASSENGER BARNES WAS SEATED IN REAR OF BUS.

PASSENGER WASHINGTON WAS SEATED IN REAR OF BUS. SAID BUS WAS STOPPED AND VEHICLE STRUCK REAR OF BUS.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET.

DATED

PLACE SIGNED

APPROVED BY

DATE

1-23-01



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



CORRECTION

REPORT NO. 1351471

1591972

04018166

ADDRESS & PHONE #



01

03

9

9

1

6

NATURE OF INJURIES

CUTS TO HEAD

ADDRESS & PHONE #

UNKNOWN



02

11

1

1

1

7

NATURE OF INJURIES

LEG PAIN

ADDRESS & PHONE #

UNKNOWN



1

1

1

1

1

1

NATURE OF INJURIES

1

ADDRESS & PHONE #



1

1

1

1

1

1

NATURE OF INJURIES

1

INDICATE NORTH  
BY ARROW



AMBULAM BLVD SW

BUS STOP

BUS

151  
78  
79  
80  
81

ON 1-18-04 AT 2010 HOURS, UNIT 2 WAS STOPPED AT 5W122 ST/AMBULAM BLVD SW LOADING/UNLOADING PASSENGERS. UNIT 1 FAILED TO STOP AND REAR-ENDED UNIT 2. DEPUTY BONNAR INITIALLY RESPONDED AND OBSERVED LANUZA-TORRES IN THE DRIVER'S SEAT. BONNAR TOLD ME THAT HE SMELLED A STRONG ODOR OF INTOXICANTS ON LANUZA-TORRES'S BREATH. UNIT 1 PASSENGER SUFFERED CUTS TO HIS HEAD FROM THE WINDSHIELD. UNKNOWN PASSENGER NAME ON UNIT 2 COMPLAINED OF LEG PAIN. AID RESPONDED AND TREATED THE INJURED.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

2K17

1-18-04

SEATTLE

DATED

PLACE SIGNED

APPROVED BY

DATE

1-23-04

09357

WA KCS 0000

2012

2017

Exhibit 509 DUI Report

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DO NOT DISCLOSE!: <input type="checkbox"/>		<b>SHERIFF</b> KING COUNTY						TICKET		04-018166	Page 1	
Domestic Violence <input type="checkbox"/>								404-H-0		District: N-1		
Reported:	DOW <b>01/18/04</b>	Time:	DOW <b>Sun 20:10</b>	Incident Type: <b>DUI</b>				Initial FCR --	Court <b>Burien Muni</b>	Juvenile <input type="checkbox"/>		
Occ Between:	DOW <b>01/18/04</b>	Time:	And: DOW <b>Sun 20:05</b>	Time:	DOW <b>20:05</b>	LocationName:						
Incident Location: <b>SW 122 ST / AMBAUM BLVD SW</b>				City: <b>BURIEN</b>				State: <b>WA</b>	Zip <b>98168</b>			

**SUSPECTS/ARRESTED PERSONS SECTION**

Association: <b>ARRESTED</b>		Last, First Middle <b>LANUZA-TORRES, IGNACIO</b>						Interpreter Needed <input type="checkbox"/>	Booked <input type="checkbox"/>	Citation # <b>CR06989BU</b>	Co-Defendant #
Address			City				ST <b>WA</b>	Zip	Phone Numbers:		
Sex	Race	DOB	Height	Weight	Hair	Glass'	Eyes	Facial Hair			
Scars, Marks & Tatoos			Clothing				Gang			Set	
Occupation		Employer			OLN			ST	SSN	AFIS#:	
Charges Codes:						RCW( or Local Ord) Code - Description					Counts:
404-M	DUI					<b>46.61.502 - DUI</b>					1
424-M	DRIVING WHILE LICENSE REVOKED/SUSPENDED					<b>46.20.342.3 - DWLS/3</b>					1

**VEHICLE SECTION**

SUSPECT Vehicle									
Vehicle Association <b>SUSPECT</b>	License <b>A96771N</b>	State <b>WA</b>	Year <b>1992</b>	Make <b>NISSAN</b>	Model <b>TRUCK</b>	Style <b>2DR</b>	Color <b>GRY</b>		
Features				VIN <b>(b)</b>					
Registered Owner Name <b>LANUZA-TORRES, ARNULFO</b>				Registered Owner Address <b>4200 30 AV SW #1 SEATTLE, WA</b>					
Legal Owner Name <b>LANUZA-TORRES, ARNULFO</b>				Legal Owner Address <b>4200 30 AV SW #1 SEATTLE, WA</b>					
Vehicle Disposition (If towed, list towing company, address)				Hold <b>No</b>	ReasonForHold				
Stolen Vehicle <input type="checkbox"/>		DivorceInProgress <input type="checkbox"/>	PaymentsOverdue <input type="checkbox"/>	KeysInIgnition <input type="checkbox"/>	EstimatedValue <input type="checkbox"/>	Radio Notified Clerk <input type="checkbox"/>	Date <input type="checkbox"/>	Time <input type="checkbox"/>	
<input type="checkbox"/> HDBComplaint									
Recovered Vehicle Condition (damage, items stripped, etc.)				Other Agency/Case Number			Owner Notified By <input type="checkbox"/>	Date <input type="checkbox"/>	Time <input type="checkbox"/>

**REVIEW**

DateSubmitted:	Reporting Officer: <b>07822 Bonnar, Brian J.</b>	Disposition: <b>INCIDENT REPORT - CITATION ISSUED/CHARGED BY INVE</b>					
DateTimeReviewed:	ReviewedBy:	CIDScreener				Event Processing Status: <b>Completed</b>	
DateAssigned	InvestigatorAssigned					Date Status Last Changed <b>01/18/04 10:36:42 P</b>	
<input checked="" type="checkbox"/> Aid Req <input type="checkbox"/> Weapons <input checked="" type="checkbox"/> Injury <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Dom Viol <input type="checkbox"/> Drug <input type="checkbox"/> Juvenile <input type="checkbox"/> Gang							

DO NOT DISCLOSE!: Domestic Violence **TICKET**

04-018166

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404-H-0

District: N-1

**PROPERTY SECTION**

Status <b>EVIDENCE</b>	Article <b>BLOOD VIALS</b>	Brand	Model	Serial #
Qty <b>2 EACH</b>	Unit of Meas: <b>GRAY-TOP BLOOD VIALS</b>	Description		Value

**MO**

Suspect Trademarks:

Instrument:

Entry Point:

Entry Method:

Premises	Type	Locked <input type="checkbox"/>	Occupied <input type="checkbox"/>	Total Property Cost: <b>\$0.00</b>				
<input checked="" type="checkbox"/> Aid Req	<input type="checkbox"/> Weapons	<input checked="" type="checkbox"/> Injury	<input checked="" type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/> Dom Viol	<input type="checkbox"/> Drug	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Gang

**Narrative:****Additional Attachments/Reports Associated with this Incident/Follow-up Report:**

A-102 Master Evidence Report

Sunday 01/18/04

Active

## Certification

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and Place: \_\_\_\_\_ Signature/Agency: \_\_\_\_\_

**END OF REPORT**